

BEFORE EXAMINER STOGNER

Oil Conservation Division

*Foran* Exhibit No. 4

Case No. 9491

EXHIBIT NO.

DATE:



DIAMOND MOUND  
FIELD

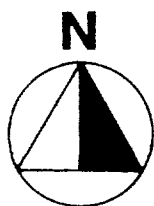
CHAVES & EDDY CO., NEW MEXICO

ESTIMATED  
ULTIMATE RECOVERIES

C.I. = 1 BCFG

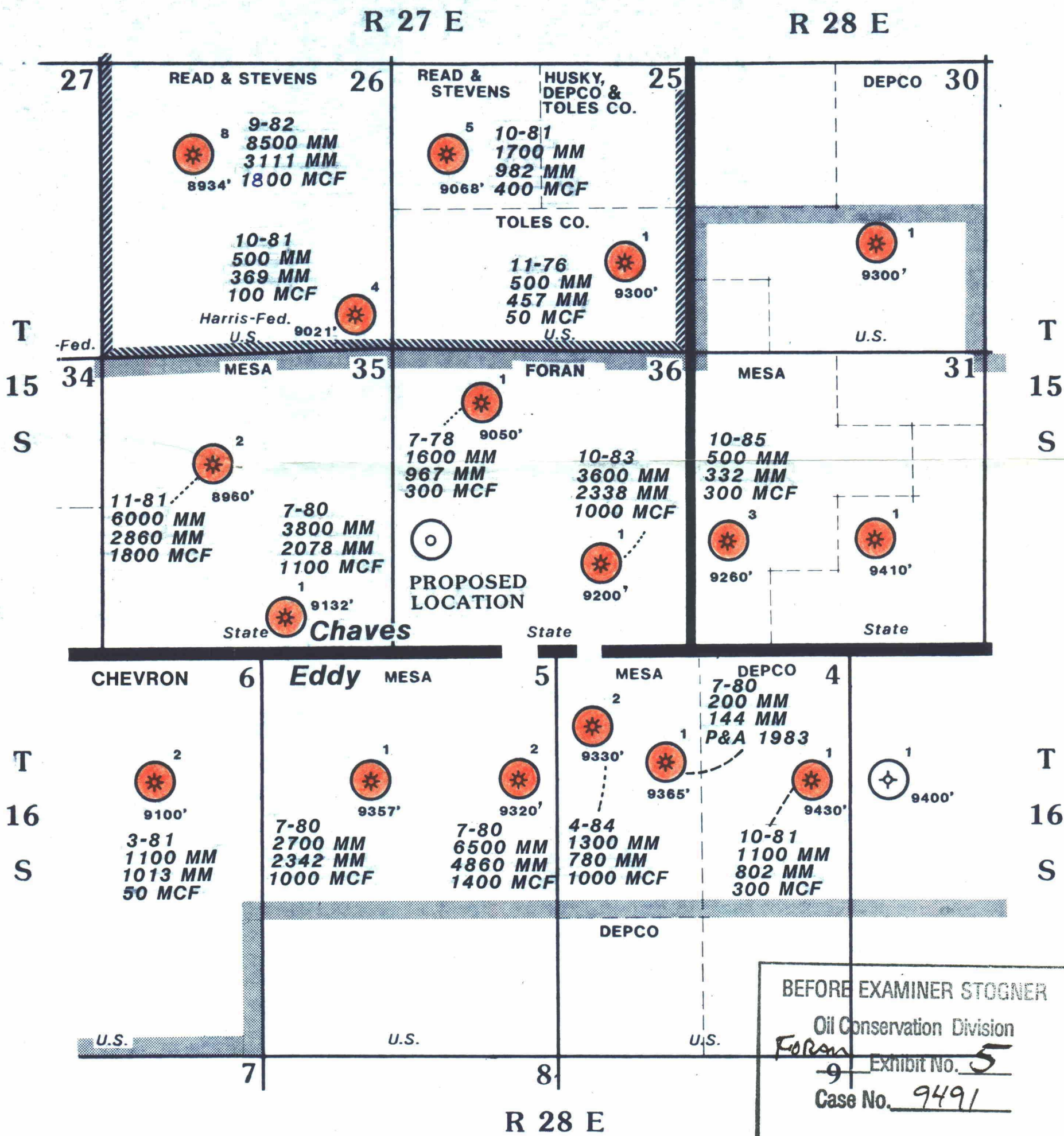
Buffalo Valley  
Penn Gas Pool

Diamond Mound  
Atoka-Morrow Gas Pool



Scale 1" = 2000'





**MORROW PRODUCTION**

Date of First Production  
Estimated Ultimate Recovery  
Cum. Production to 5-1-88  
Current Daily Rate Capability

Buffalo Valley  
Penn Gas Pool

Diamond Mound  
Atoka-Morrow Gas Pool

N

Scale 1" = 2000'

EXHIBIT NO.

DATE:

**Foran**  
OIL COMPANY  
DALLAS • AMARILLO • MIDLAND

**DIAMOND MOUND  
FIELD**  
CHAVES & EDDY CO., NEW MEXICO

**PRODUCTION**

BEFORE EXAMINER STOGNER  
Oil Conservation Division  
Foran  
Exhibit No. 5  
Case No. 9491

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION  
OF FORAN OIL COMPANY FOR SIMULTANEOUS  
DEDICATION OF ACREAGE TO TWO GAS WELLS,  
DIAMOND MOUNT ATOKA-MORROW GAS POOL,  
CHAVES COUNTY, NEW MEXICO

CASE: 9491

CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054) I hereby certify that on September 6, 1988 notice of the hearing and a copy of the application for the above referenced case was mailed at least twenty days prior to the hearing scheduled for September 28, 1988 to the interest parties listed in the application all as shown on the attached photocopies of the return receipt certified mailing cards.

  
W. Thomas Kellahin

Subscribed and sworn to before me this 27<sup>th</sup> day of September, 1988.

  
Notary Public

My Commission Expires:

9-22-90

BEFORE EXAMINER STOGNER
Oil Conservation Division
FORAN Exhibit No. <u>6</u>
Case No. <u>9491</u>



**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Mesa Ltd Partnership PO Box 2009 Annville, Pa 17015</i>	4. Article Number <i>P 955 861 808</i>
5. Signature - Address <i>X</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>SEP - 8</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Depco Inc 1000 Petroleum Bldg 110 16th St Denver, CO 80202 Attn: Mr. Charles Cump</i>	4. Article Number <i>P 955 861 810</i>
5. Signature - Address <i>X</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <i>9-1-88</i>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Read Stevens, Inc. United Bank Plaza Suite 1000 400 North Penn Roswell, NM 88201</i>	4. Article Number <i>P 955 861 809</i>
5. Signature - Address <i>X</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent <i>X</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery	8. Addressee's Address (ONLY if requested and fee paid)